TIIAP Status Report January, 2000
Evaluation of ADS Homecare Technology Systems

In this report, information is provided about the implementation of the Homecare Referral and Homecare Aide Time Tracking systems based upon the progress made between August of 1999 (when the previous report was submitted) and January 2000.

The information presented below is organized by the categories of data called out in the Analysis Plan.

Attachment A, *Data Collection/Report Preparation Timeline*, shows the schedule for data collection during 2000 and 2001.

1. General data on implementation and problems encountered is presented in Attachment B. Overall, staff believed implementation was going very well.

2. Client survey data (see Attachment C) was collected in October, 1999:

   - 176 clients of 265 clients sampled responded.

   - 82% of clients report their workers always come on time (compared to 69% six months ago)

   - Another 15% state their workers usually come on time

   - 98% of the workers always or usually stay the whole time, according to clients.

   - Only 73% of the clients reported they were always or usually comfortable signing their worker's timesheets, compared to 90% six months ago (see explanation below)

   - A new question was added related to overall client satisfaction. 56% of the clients rated their service as excellent; 40% as good; 3% as poor.

The problem of demographics not being updated is a persistent one. Other problems include:

   - There is a lag time between pulling data from the homecare billing system and the client interview; in the meantime, clients die, move, lose services, or change providers.

   - There are still quite a few clients that need specialized interpreters but these are not available.

   - Question 3 was confusing for some of the interviewers due to the use of electronic timesheets. The recommendation is that the question be stricken from the next survey period.

3. With respect to Measures 3 and 4, continuing problems with getting the agencies to report data on our forms has resulted in the following change of plan to obtain

evaluation-related data from homecare agency supervisors, financial staff, and homecare aides:

- Two back-to-back one-hour group interviews will be held with homecare agency supervisors and financial staff in August of 2000 and August of 2001.

- 100 telephone interviews will be held in August of 2000 and again in August of 2001 with home care aides whose numbers have been randomly selected.

5. With respect to whether or not implementation of the homecare referral system has improved ADS' ability to monitor agency performance, baseline data collected at the first focus group last August (see Attachment B) showed that:

- There are no useful, organized data, just anecdotes and subjective information.

- There is no way to put it all together that is comprehensive or meaningful.

- There are political charges and counter-charges, but these are difficult to substantiate because there are no data.

- The agencies think the Individual Provider system is broken, and say things like, "We don't know what's out there." Case managers, on the other hand, say, "At least individual providers are more responsible with respect to meeting to the needs of the client. Agencies are a little hit and miss."

- If five different case managers are asked to compare homecare agencies, there will be five different responses.

- The only reliable data come from the contract specialist's annual assessment.

Clearly the new databases promise to provide information that will be useful to monitoring agency performance.

Data was collected from ADS financial staff for the first time to provide a baseline in terms of how much time they spend working with reports, invoices, etc. The two staff surveyed:

- spent an average of 67 hours a month working with agency-submitted forms;

- both reported it was somewhat easy to process these reports and that the time tracking system never made their jobs easier;

- one of the two sometimes created customized computer reports related to homecare agency data; the other seldom did;

- Neither ever verified agency billing forms using the time tracking database.

6. Data that measures the overall improvement of homecare program quality (using system indicators of the discrepancy between authorized and provided hours, and market share by level of performance, will first be collected in March and September of 2000 and again in March and September of 2001. The early data (e.g., March 2000) will probably not show much impact, due to the timing of the implementation of the two databases.

7. Data was collected from case managers in October (for the second time); however, these data are only partially analyzed at this time. They will be summarized in the next bi-annual report.

ADS Technology Project – 2000 and 2001
Data Collection/Report Preparation Timeline

Component	Data Collection/ Report Preparation	Data Collection/ Report Preparation	Data Collection/ Report Preparation	Data Collection/ Report Preparation	Data Collection/ Report Preparation
A. Client survey	Mar '00	Sept '00	Mar '01	Sept '01	

B.   Home care agency
   ⊕   aides
   ⊕   supervisors
   ⊕   financial staff
		Aug '00		Aug '01	

C. Case manager survey	Mar '00	Sept '00	Mar '01	Sept '01	

D.   ADS:
   ⊕   financial staff survey
   ⊕   focus group questions
	Mar '00		Mar '01		

E.   Overall system measures:
   ⊕   authorized versus provided hours
   ⊕   market share
   ⊕   discrepancy report
	Mar '00	Sept '00	Mar '01	Sept '01	

F. Reports to NTIA	Jan '00	July '00	Jan '01	July '01	Oct '01

ATTACHMENT B – January, 2000 Progress Report

1. Overall Implementation of Databases

The following general questions will be asked of ADS staff[1] convened to attend a focus group to be held every six months beginning in August, 1999. The purpose of these focus groups is two-fold:

- to obtain information about planned versus actual implementation of the two new homecare technology databases, and

- to determine whether and how implementation of the time tracking system and/or homecare referral data systems have improved ADS staff ability to monitor homecare agency performance.

The first focus group was held on August 23, 1999 and notes from that session are attached.

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[1] John Cahall, Andrea Chidsey, Rosemary Cunningham, Millie Wong, Stephen Yeager/his replacement, Karen, Lori, participated in the focus group.

I.   FIRST ADS STAFF FOCUS GROUP HELD 8-23-99

1. What is the status (dates of key action steps, etc.) of implementation of the two databases? **They are right on track with homecare referral. Roll out will occur in mid- to late September. Case managers will be phased in in groups of 15 (120 total). By 1/1/2000, the database should be fully operational. Time tracking is slated for implementation beginning in July of 2000. One unresolved question is how to deal with HCS workers. There are firewall issues that need to be resolved.**

2. What implementation problems have been encountered?

- **None that could not be resolved. The environment has created some challenges. It was necessary to bring on additional HSD capacity beyond that within ADS. A key HDS IT position was vacant for over two years. However, it is now filled.**

- **A second challenge was that case managers' time and attention was focused on at-risk case reviews between 7/1/99 and 9/30/99. This entailed an extra visit to each client, including 50% of those receiving IP services. Till case managers' caseloads are down to 85, there will continue to be challenges.**

- **It has been difficult to figure out how to get data from homecare aides. The decision was made to delay data collection until after time tracking is implemented and do so by means of focus groups.**

3. How were these overcome? **Persistence, perseverance, patience.**

4. What, in retrospect, would you have done differently? **Nothing. It should be noted that there were some false starts. Dates slid because staff were not hired when we thought they would be. This was a problem with hiring technical people. The IT market is very hot. The right person needs to be a go-getter but tolerant of bureaucracy and this is hard to find.**

5. How easy is it for you to access data on homecare agency/worker performance?

- **There are no useful, organized data, just anecdotes and subjective information. There is no way to put it all together that is comprehensive or meaningful. There are political charges and counter charges, but these are difficult to substantiate because there are no data.**

- **The agencies think that the IP system is broken: "We don't know what's out there." Case managers would say, "At least IPs are more responsibe to the needs of the client. Agencies are a little hit and miss.**

- **If 5 different case managers are asked to compare homecare agencies, there will be 5 different responses.**

- **If we use the same system for IPs, we can compare performance.**

- **There is limited information around under-service. We stopped collecting hours authorized versus hours served.**

- **We added some performance data to new contracts. We have the agencies report the length of time their clients stay on home care. The hypothesis is that the longer the client receives homecare the better. Client retention is a "good." We can then compare agencies on one agency's performance over time to see how long clients remain on service.**

6. What data or databases do you access to monitor homecare agency performance? **See above. The only reliable data come from John Cahall's annual assessment.**

7. How often do you use such data?

8. How accurate are the data you have/use? **The most accurate data are for hours served. This has a negative effect on being able to bill for the full amount of service provided. SSPS codes may be entered incorrectly by case managers. For example, November '95 to June '98, we were off $125,000 in the wrong direction. *It might be a good idea to track changes in the time Karen spends fixing those errors to see if the time tracking database has a positive effect.***

9. **A by-product of the homecare referral database implementation will be a better SSPS format.**

10. Are the data *adequate* for monitoring homecare agency performance? **No.**

11. Do you create any specialized/customized reports based on these data? **We do a 5% spot check to see if the worker timesheets agree with the hours billed. This year we did a special month-by-month, client-by-client audit and found the agency owed us $. In future bills will be generated directly from the time tracking system.**

12. Are reports you receive from the homecare agencies (including billing forms) verified using databases? If so, which databases? **No. See above.**

13. Other points made:

- There has been a great deal of positive involvement by case managers and providers, including HCS.

- We should be collecting turnover rates. Get it as baseline.

- We could make our database available to private case managers to enhance worker stability by supporting good agencies with referrals.

- We could build in a recognition component and honor the top 10 on-time aides.

1. Sample Size = 265
   Respondents = 176 (66%)
   Possible Responses = 219 (some clients have multiple providers)

2. Results

RESPONSES

Score/Rating	Q1: On Time		Q2: Stays the whole Time		Q3: Uncomfort with signing timesheet		Q4: Overall homecare service rating		Rating
	# of responses	% of responses	# of responses	% of responses	# of responses	% of responses	# of responses	% of responses	
4 Always	179	82%	177	81%	1	.5%	122	56%	Excellent
3 Usually	35	16%	37	17%	4	2%	86	40%	Good
2 Seldom	5	2%	1	.5%	18	8%	7	3%	Poor
1 Never	0		2	.9%	141	65%	0		Very Poor
Other	0		2	.9%	53	25%	3	1%	Other
Total	219		219		217		218		
Average Score	3.79		3.76		.88		3.48		

NO RESPONSES

Reason/Category	# of no responses
Unable to contact	29
Wrong number	23
Refused to participate	12
Unknown	10
Died	6
Expired service	6
Limited Hearing	2
Confused	1
Total	89

3. Problems and Lessons Learned
- Inherent problem with CA data - demographics are not always updated in a timely manner.
- Lag time between pulling data from Homecare Billing and the interview. In the meantime clients die, move, lose services, change providers
- LES clients – ACRS helped with many of the Asian, Pacific Islander clients. There are still quite a few clients that need specialized interpreters.
- Question 3 was confusing for some of the interviewers and n/a for many clients due to electronic timesheets. Perhaps, this question could be stricken from the next survey period.